



Required Reading Abstract

Note: Please type information. Hand-written forms will not be accepted.

Name: (last, first, middle initial):

MELMS Identification Number:

Organization/Division:

Work Telephone Number:

Address:

Email:

I Have Read The Book Mentioned Below And Wish to Submit it For a Required Reading Credit For:

- ☐ CSM LEVELS I-III:
- ☐ CPM LEVELS IV-VI:

I. Title of Book

(Note CPM Participants: Book must be from approved CPM Program Reading List.)

II. Author:

III. Please summarize major points in book. (This should be a BRIEF NARRATIVE OVERVIEW.)



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**Complete Section IV on the reverse side of this page,
sign/date form, and return for processing.**



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- IV. Please indicate how you can apply information/principles from this book to your work setting.

Signature

Date

CPM Coordinator Approval

Date

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Jackson, Mississippi 39201

Fax/Email To:

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